Form 8 5-09-4m.	
PLACE OF DEATH ATI	zona Territorial Board of Health
County of Marel pare BOARD OF	BUREAU OF VITAL STATISTICS
L. A S I PERSON	PORIGINAL CERTIFICATE OF DEATH COR
Town of Mara JAN 74	Ter. Index No.
Town of 1000 JAN 14 1910	County Registered No. 202
City of OFFICE OF	
(It death occurs away from USUAL (No	St., Ward.) (If death occurred in a Hospital or Institution, give its NAME
under "Special information.") FULL NAME assures Can	first and of atment and must be
	MEDICAL GERMINICATE OF PROM
PERSONAL AND STATISTICAL PARTICULARS LENGTH OF RESIDENCE	MEDICAL CERTIFICATE OF DEATH
At Place of Death 3 yrs mos.	(month) (day) (year)
In Arizona 4 - 1/20 JE. Vrs y awyer mos.	I hereby certify, That I attended deceased from
SEX COLOR White Chinese	Dec. 10-09 10 Dec. 2)-09
OR RACE Black Indian Mexican	that I last saw h alive on Dec 2 1907
DATE OF BIRTH ON / 1853	and that death occurred on the date stated above at
(month) OA (day) /85 3(year)	The DISEASE or INJURY causing DEATH was as follows:
AGE	Dights disease.
56 years 2 months 27 days	
A AMOUNT MARGINGS	Where contracted 200 1 10 Duration
WIDOWED, OR DIVORCED Hidowes	Contributing cause(if any)
BIRTHPLACE 10	
(State or foreign country) 12, 9,	Where contracted Duration
Occupation diarmer	(Signed) M.D.
NAME OF /	14244 Address Lucta
BIRTHPLACE OF	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
FATHER (State or foreign country)	Former or How long at
Majory News A A A	Usual residence Place of Death Days Place of burial or removal Date of burial or removal
BIRTHPLACE Oynthia & Carpenler	Mesa Dec 29 1909
OF MOTHER (State or foreign county)	Undertaker Address
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Hodnest & Surloi mesa
Oan A.	Filed 13 15 86 09 D. J. E. D. a.
Informant)	LAN IN A MARKET Local Register.
(Address trescott a.T.	County Register.